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| | | |
|--|--------------------------|---|
| DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) | Attorney Docket Number | PU040064 |
| | First Named Inventor | Michael Anthony Pugel et al. |
| | COMPLETE IF KNOWN | |
| | Application Number | / |
| | Filing Date | |
| | Group Art Unit | |
| <input type="checkbox"/> Declaration Submitted With Initial Filing | OR | <input checked="" type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) |
| Examiner Name | | |

As a below named Inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION USING A BACK CHANNEL

the specification of which (Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY) **March 9, 2004** as United States Application Number or PCT International

Application Number **PCT/US2004/007270** and was amended on (MM/DD/YYYY) **October 27, 2004** (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|-------------------------------------|---------|--|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

| Application Number(s) | Filing Date (MM/DD/YYYY) | <input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto. |
|--------------------------|--------------------------|--|
| 60/453,491 60/453,763 | 03/11/2003 03/11/2003 | |

[Page 1 of 4]

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24498 OR ☐ Correspondence address below

Name JOSEPH S. TRIPOLI

Address Thomson Licensing Inc.

Address PO Box 5312

City
PRINCETON

State
NJ

ZIP
08543-5312

Country
USA

Telephone
609-734-6813

Fax
609-734-6888

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
MICHAEL ANTHONY

Family Name
or Surname PUGEL

Inventor's
Signature

Michael Anthony Pugel

Date
11/8/05

Residence: City
NOBLESVILLE

State
INDIANA

Country
US

Citizenship
US

Mailing Address

Mailing Address 20925 Creek Road

City
Noblesville

State
Indiana

ZIP
46060

Country
US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
DOUGLAS EDWARD

Family Name
or Surname LANKFORD

Inventor's
Signature

Douglas Edward Lankford

Date
NOV 8 2005

Residence: City
CARMEL

State
INDIANA

Country
US

Citizenship
US

Mailing Address

Mailing Address 5256 Cheyenne Moon

City
Carmel

State
Indiana

ZIP
46033

Country
US

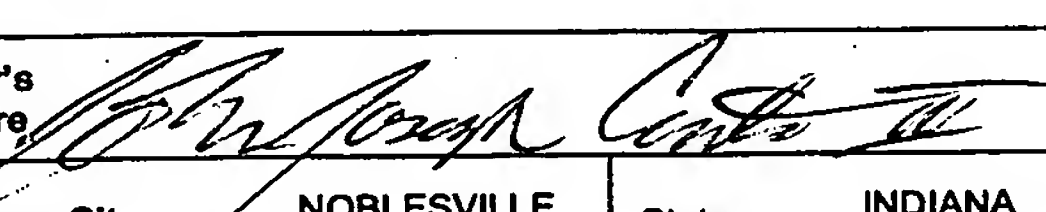
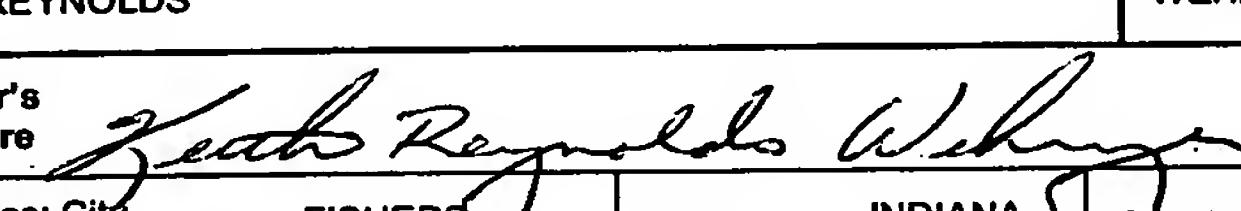
☒ Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION

ADDITIONAL INVENTOR(S)

Supplemental Sheet

Page 3 of 4

| | | | | | |
|---|--|------------------|------------------------|---|--|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| JOHN JOSEPH | | | | CURTIS, III | |
| Inventor's Signature  | | | | Date 11/16/05 | |
| Residence: City NOBLESVILLE | | State INDIANA | Country US | Citizenship US | |
| Mailing Address | | | | | |
| Mailing Address 121 Scarborough Circle | | | | | |
| City Noblesville | | State Indiana | ZIP 46060 ² | Country US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| KEITH REYNOLDS | | | | WEHMEYER | |
| Inventor's Signature  | | | | Date 11/11/05 | |
| Residence: City FISHERS | | State INDIANA | Country US | Citizenship US | |
| Mailing Address | | | | | |
| Mailing Address 6411 Columbia Circle | | | | | |
| City Fishers | | State Indiana | Zip 46038 | Country US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| MIKE ARTHUR | | | | DERRENERGER | |
| Inventor's Signature | | | | Date | |
| Residence: City Valencia | | State California | Country US | Citizenship US | |
| Mailing Address | | | | | |
| Mailing Address 24123 Backbay Court | | | | | |
| City Valencia | | State California | Zip 91355 | Country US | |

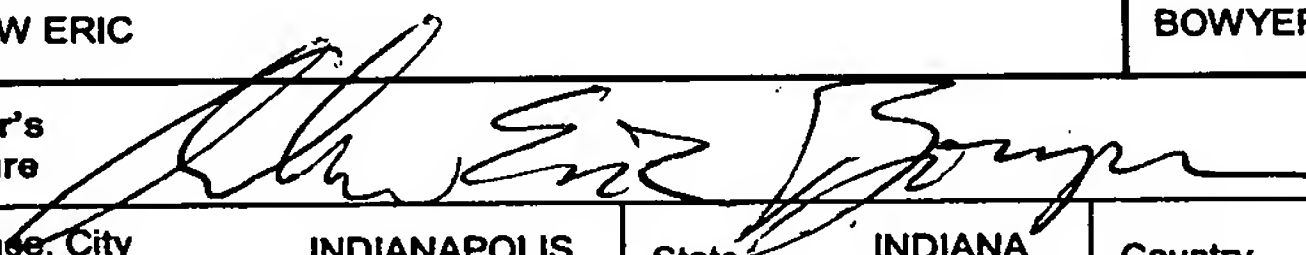
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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 4 of 4

| | | | | | |
|---|--------------|-------|------------------------|---|-------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| TERRY WAYNE | | | LOCKRIDGE | | |
| Inventor's Signature | | | | Date | |
| Residence: City | DAYTON | State | OHIO | Country | US |
| Mailing Address | | | | | |
| Mailing Address 5478 Grantland Drive | | | | | |
| City | Dayton | State | Ohio | ZIP | 45429 |
| Country | | | US | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| ANDREW ERIC | | | BOWYER | | |
| Inventor's Signature  | | | | Date NOV 8, 2005 | |
| Residence: City | INDIANAPOLIS | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 8767 Shelbyville Road | | | | | |
| City | Indianapolis | State | Indiana | Zip | 46259 |
| Country | | | US | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| | | | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |

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DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

☐ Declaration Submitted With Initial Filing **OR** ☒ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number PU040064

First Named Inventor

Michael Anthony Pugel
et al.

COMPLETE IF KNOWN

Application Number

/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

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the specification of which

(Title of the Invention)

☐ is attached hereto

OR

☒ was filed on (MM/DD/YYYY)

March 9, 2004

as United States Application Number or PCT International

Application Number

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and was amended on (MM/DD/YYYY)

October 27, 2004

(if applicable):

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| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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DECLARATION — Utility or Design Patent Application

Direct all correspondence to: ☒ Customer Number or Bar Code Label 24498 OR ☐ Correspondence address below

| | | | |
|----------------|------------------------|--------------|--|
| Name | JOSEPH S. TRIPOLI | | |
| Address | Thomson Licensing Inc. | | |
| Address | PO Box 5312 | | |
| City | State | ZIP | |
| PRINCETON | NJ | 08543-5312 | |
| Country | Telephone | Fax | |
| USA | 609-734-6813 | 609-734-6888 | |

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
MICHAEL ANTHONY

Family Name or Surname
PUGEL

Inventor's Signature

Date

Residence: City
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INDIANA

Country
US

Citizenship
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Mailing Address

Mailing Address 20925 Creek Road

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State
Indiana

ZIP
46060

Country
US

NAME OF SECOND INVENTOR:

☐ A petition has been filed for this unsigned inventor

Given Name
DOUGLAS EDWARD

Family Name or Surname
LANKFORD

Inventor's Signature

Date

Residence: City
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Country
US

Citizenship
US

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State
Indiana

ZIP
46033

Country
US

☒ Additional inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

Page 3 of 4

| | | | | | |
|--|-------------|-------|------------|---|-------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| JOHN JOSEPH | | | | CURTIS | |
| Inventor's Signature | | | | Date | |
| Residence: City | NOBLESVILLE | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 121 Scarborough Circle | | | | | |
| City | Noblesville | State | Indiana | ZIP | 46060 |
| Country | | | | US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| KEITH REYNOLDS | | | | WEHMEYER | |
| Inventor's Signature | | | | Date | |
| Residence: City | FISHERS | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 6411 Columbia Circle | | | | | |
| City | Fishers | State | Indiana | Zip | 46038 |
| Country | | | | US | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | | Family Name or Surname | |
| MIKE ARTHUR | | | | DERRENBARGER | |
| Inventor's Signature <i>Mike Arthur Derrenbarger</i> | | | | Date 11/08/05 | |
| Residence: City | Valencia | State | California | Country | US |
| Mailing Address | | | | | |
| Mailing Address 24123 Backbay Court | | | | | |
| City | Valencia | State | California | Zip | 91355 |
| Country | | | | US | |

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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| | | | | | |
|--|--------------|--------------|---|---|-------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| TERRY WAYNE | | | LOCKRIDGE | | |
| Inventor's Signature | | | | Date | |
| Residence: City | DAYTON | State | OHIO | Country | US |
| Mailing Address | | | | | |
| Mailing Address 5478 Grantland Drive | | | | | |
| City | Dayton | State | Ohio | ZIP | 45429 |
| Name of Additional Inventor, if any | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| ANDREW ERIC | | | BOWYER | | |
| Inventor's Signature | | | | Date | |
| Residence: City | INDIANAPOLIS | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 8767 Shelbyville Road | | | | | |
| City | Indianapolis | State | Indiana | Zip | 46259 |
| Name of Additional Inventor, if any | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name (first and middle [if any]) | | | Family Name or Surname | | |
| | | | | | |
| Inventor's Signature | | | | Date | |
| Residence: City | | State | | Country | |
| Mailing Address | | | | | |
| Mailing Address | | | | | |
| City | | State | | Zip | |
| Country | | | | | |

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PATENT APPLICATION
(37 CFR 1.63)**

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Submitted With Initial
Filing

OR

☒ Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number
PU040064

First Named Inventor
Michael Anthony Pugel
et al.

COMPLETE IF KNOWN

Application Number
/

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

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I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

**APPARATUS AND METHOD FOR CONTROLLING SIGNAL DISTRIBUTION
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the specification of which (Title of the Invention)

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Application Number **PCT/US2004/007270** and was amended on (MM/DD/YYYY) **October 27, 2004** (if applicable).

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I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

| Prior Foreign Application Number(s) | Country | Foreign Filing Date (MM/DD/YYYY) Country | Priority Not Claimed | Certified Copy Attached? | |
|--|---------|---|--------------------------|--------------------------|--------------------------|
| | | | | YES | NO |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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| | | | | | |
|---|------------------------|--|---|--------------|---|
| Direct all correspondence to: | | <input checked="" type="checkbox"/> Customer Number or Bar Code Label | 24498 | OR | <input type="checkbox"/> Correspondence address below |
| Name | JOSEPH S. TRIPOLI | | | | |
| Address | Thomson Licensing Inc. | | | | |
| Address | PO Box 5312 | | | | |
| City | PRINCETON | | State | NJ | |
| | | | ZIP | 08543-5312 | |
| Country | USA | | Telephone | 609-734-6813 | |
| | | | Fax | 609-734-6888 | |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon. | | | | | |
| NAME OF SOLE OR FIRST INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name | MICHAEL ANTHONY | | Family Name PUGEL or Surname | | |
| Inventor's Signature | | | Date | | |
| Residence: City | State | Country | Citizenship | | |
| NOBLESVILLE | INDIANA | US | US | | |
| Mailing Address | | | | | |
| Mailing Address 20925 Creek Road | | | | | |
| City | State | ZIP | Country | | |
| Noblesville | Indiana | 46060 | US | | |
| NAME OF SECOND INVENTOR: | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | | |
| Given Name | DOUGLAS EDWARD | | Family Name LANKFORD or Surname | | |
| Inventor's Signature | | | Date | | |
| Residence: City | State | Country | Citizenship | | |
| CARMEL | INDIANA | US | US | | |
| Mailing Address | | | | | |
| Mailing Address 5256 Cheyenne Moon | | | | | |
| City | State | ZIP | Country | | |
| Carmel | Indiana | 46033 | US | | |
| <input checked="" type="checkbox"/> Additional Inventors are being named on the 2 supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto. | | | | | |

DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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| | | | | | |
|--|-------------|-------|------------------------|---|-------|
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| JOHN JOSEPH | | | CURTIS | | |
| Inventor's Signature | | | | Date | |
| Residence: City | NOBLESVILLE | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 121 Scarborough Circle | | | | | |
| City | Noblesville | State | Indiana | ZIP | 46060 |
| Country | | | US | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| KEITH REYNOLDS | | | WEHMEYER | | |
| Inventor's Signature | | | | Date | |
| Residence: City | FISHERS | State | INDIANA | Country | US |
| Mailing Address | | | | | |
| Mailing Address 6411 Columbia Circle | | | | | |
| City | Fishers | State | Indiana | Zip | 46038 |
| Country | | | US | | |
| Name of Additional Inventor, if any | | | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | | Family Name or Surname | | |
| MIKE ARTHUR | | | DERRENERBERGER | | |
| Inventor's Signature | | | | Date | |
| Residence: City | Valencia | State | California | Country | US |
| Mailing Address | | | | | |
| Mailing Address 24123 Backbay Court | | | | | |
| City | Valencia | State | California | Zip | 91355 |
| Country | | | US | | |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DECLARATION**ADDITIONAL INVENTOR(S)****Supplemental Sheet**

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| | | | |
|---|---------------|---|----------------|
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| TERRY WAYNE | | LOCKRIDGE | |
| Inventor's Signature <i>Terry Wayne Lockridge</i> | | Date 11/09/05 | |
| Residence: City DAYTON | State OHIO | Country US | Citizenship US |
| Mailing Address | | | |
| Mailing Address 5478 Grantland Drive | | | |
| City Dayton | State Ohio | ZIP 45429 | Country US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| ANDREW ERIC | | BOWYER | |
| Inventor's Signature | | Date | |
| Residence: City INDIANAPOLIS | State INDIANA | Country US | Citizenship US |
| Mailing Address | | | |
| Mailing Address 8767 Shelbyville Road | | | |
| City Indianapolis | State Indiana | Zip 46259 | Country US |
| Name of Additional Inventor, if any | | <input type="checkbox"/> A petition has been filed for this unsigned inventor | |
| Given Name (first and middle (if any)) | | Family Name or Surname | |
| | | | |
| Inventor's Signature | | Date | |
| Residence: City | State | Country | Citizenship |
| Mailing Address | | | |
| Mailing Address | | | |
| City | State | Zip | Country |

This collection of information is required by 35 U.S.C. 115 and 37 CFR 1.63. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 21 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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